FE6AN026

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTSFor Other Than An Authorized Committee



2814 MAY 28 PH 12: 00

NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
12,ls,Enough Super	PĄC , , , , , , , , ,	<u> </u>	1 1 1 1 1 1 1 1	
<u> </u>		: 	111111	
ADDRESS (number and street)	7119 W Sunset Bly	d _ı #633 <u> </u>		
Check if different				
than previously reported. (ACC)	Los Angeles		CA 90046	5
2. FEC IDENTIFICATION N	UMBER ▼ CITY	A	STATE A Z	ZIP CODE A
C 00513820	"" j 3. IS 1	THIS NEW PORT (N) OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb 2 Report	0 (M2) May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		0 (M3) Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15	<u> </u>	0 (M4) Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
July 15	(c) 12-Day	Primary (12P)	General (12G)	Runoff (12R)
Quarterly Report (October 15	Report for the:	Convention (12C)	Special (12S)	
Quarterly Report (January 31 Year-End Report (on , , , , ,	Q .	in the
July 31 Mid-Year Report (Non-electi Year Only) (MY)	on (d) 30-Day POST-Election	General (30G)	Runoff (30R)	Special (30S)
Termination Repor (TER)	Report for the: Election	on , , , , , , , , , , , , , , , , , , ,	1	in the State of
5. Covering Period	01 2014	through 03	31 201	4
I certify that I have examined t	his Report and to the best of m	ny knowledge and belief it is tru	ue, correct and complete	P.
Type or Print Name of Treasure	er <u>lan Clark</u>	:		
Signature of Treasurer		: : : :	Date Mam / Date	
NOTE: Submission of false, error	neous, or incomplete information	may subject the person signing the	nis Report to the penalties	s of 2 U.S.C. §437g.
Office Use Only		!		FORM 3X v. 12/2004

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name 12 Is Enough Super PAC Report Covering the Period: From: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand January 1, (b) Cash on Hand at Beginning of Reporting Period..... (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 0 Total Disbursements (from Line 31)..... Cash on Hand at Close of Reporting Period 0 (subtract Line 7 from Line 6(d))..... 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 809-424-9530 Local 202-694-1100

FE6AN026

1

DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

12 l	s Enough Super PA	AC .					
Report Cov	ering the Period: Fro	m: 0_1 ′	01	2014	To: 0_3	3.1	2, 0, 1, 4
	I. Receipts			OLUMN A This Period	Cale	COLUMN ndar Year-l	
	tions (other than loans) F	rom:					
Tha	n Political Committees Itemized (use Schedule A	s)		0 0		- A - (2).	0.0
	Unitemized		^ * ** ** ** ** ** ** ** ** ** ** ** **			2	0.0
	TOTAL (add Lines 11(a)(i) and (ii)			0, 0			.0.0
	itical Party Committees er Political Committees			,,,,0,0			0.0
(suc	ch as PACs)al Contributions (add Lines	600000000000000000000000000000000000000	8	0.0		nersline medikan (Da	0,0
Tota	a)(iii), (b), and (c)) (Carry als to Line 33, page 5)			, , , 0 , 0			, , , 0, 0
	s From Affiliated/Other ommittees			, , , 0 0			0.0
13. All Loan	s Received			0.0			0 0
	epayments Received To Operating Expenditures	K		0.0			0.0
(Carry T	s, Rebates, etc.) otals to Line 37, page 5). of Contributions Made			0 0	landant-Si	and the second second	0.0
Political	ral Candidates and Other Committees		and the same of th				0 0
(Dividen	ederal Receipts ds, Interest, etc.) s from Non-Federal and l			0.0			, 00
(a) Non-	Federal Account m Schedule H3)			0_0			0.0
(b) Levi	n Funds (from Schedule F	15)		0.0	The second secon	and the second	0 . 0
(c) Total	Transfers (add 18(a) and	18(b))		0.0	(2)		0.0
				i			
	eceipts (add Lines 11(d), 14, 15, 16, 17, and 18(c))	······ [0.0			0.0
	deral Receipts t Line 18(c) from Line 19)			0.0			0 0
				!			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
	(i) Federal Share	0.0	0.0
	(ii) Non-Federal Share	0.0	0 0
	(b) Other Federal Operating Expenditures	0.0	0.0
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶	0 0	0.0
22.	Transfers to Affiliated/Other Party	0.0	0.0
23.	Contributions to		
	Federal Candidates/Committees and Other Political Committees	0 0	0 0
24.	Independent Expenditures		0 0
25.	(use Schedule E)	00	
	(2 U.S.C. §441a(d)) (use Schedule F)		0.0
		0 0	
26.	Loan Repayments Mede		0.0
27.	Loans Made	0 0	00
28.	Refunds of Contributions To: (a) Individuats/Persons Other		0 0
	Than Political Committees	0,0	
	(b) Political Party Committees	0 0	0 0
	(c) Other Political Committees		0 0
	(such as PACs)		
	(d) Total Contribution Refunds	can december the second se	
	(add Lines 28(a), (b), and (c))▶	$\frac{1}{2}$	
29.	Other Disbursements	. , , , , , , , , , , , , , , , , , , ,	0.0
30	Federal Election Activity (2 U.S.C. §431(20))		
.	(a) Allocated Federal Election Activity	! :	
	(from Schedule H6)	0 0	0 0
	(i) Federal Share		
	(ii) "Levin" Share	0.0	0 0
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.0	0 0
31.	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0 0	
	20, 24, 20, 20, 27, 20(0), 20 and 00(0))		
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	0 0	0 0
		•	

(subtract Line 37 from Line 36)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 III. Net Contributions/Operating Ex-**COLUMN A COLUMN B Total This Period** Calendar Year-to-Date penditures 33. Total Contributions (other than loans) (from Line 11(d), page 3) 34. Total Contribution Refunds (from Line 28(d))..... 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures 0 (from Line 15, page 3)..... 38. Net Operating Expenditures

SCHEDULE A (FEC FORM 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE OF
TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and		
NAME OF COMMITTEE (in Full) 12 Is Enough Super PAC		
Full Name (Last, First, Middle Initial) A. Mailing Address		Date of Receipt
City State	Zip Code	- I according to the second se
FEC ID number of contributing federal political committee.	Comments of the continue of th	Amount of Each Receipt this Period
	ion ate Year-to-Date ▼	
Other (specify) ▼		
Full Name (Last, First, Middle Initial) Mailing Address		Date of Receipt
City State	Zip Code	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer Occupat	ion	
Receipt For: Primary General Other (specify) ▼ Aggrega	ate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address	7i- Code	/ 600 / 7000
City State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		
Name of Employer Occupat	lion	
Receipt For: Primary General Other (specify) ▼	ate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X)

SCHEDOLE D (FLC Form 3X)	Han announte achadulada	FOR LINE		SE I OF I
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		
	Detailed Summary Page	21b	22 23 24	25 26
		27	28a 28b 28c	29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)				
> 12 Is Enough Super PAC		į		
Full Name (Last, First, Middle Initial)		i		
. Sa realist (Last, 1 not, 1900) miliary			Date of Disbursement	
Mailing Address				
City	itate Zip Code			
Purpose of Disbursement	15-34			
·			Amount of Each Disbursem	ent this Period
Candidate Name		Category/		
Own County		Туре		
Office Sought: House Disbursen	nent For: Primary General			
	Other (specify)			
State: District:	(opcony / ▼		•	
Full Name (Last, First, Middle Initial)			<u></u>	
3.			Date of Disbursement	
			M	**************************************
Mailing Address				
City	state Zip Code			-
Purpose of Disbursement	p=			
			Amount of Each Disbursem	
Candidate Name		Category/		
Office Cought: Laure	Post For	Туре		<u> </u>
Office Sought: House Disbursen	nent For: Primary General			
I	Other (specify)			
State: District:	· · · · ·			
Full Name (Last, First, Middle Initial)			-	
.			Date of Disbursement	
No. We and Address of the Control of			M M / P P / V	******
Mailing Address				
City	itate Zip Code			
Purpose of Disbursement	300			
Candidate Name		Category/	Amount of Each Disbursem	ent this Period
		Type		
Office Sought: House Disburser				Fernanda Maria
ii I Iii	Primary General			
State: District:	Other (specify) ▼			
	· · · · · · · · · · · · · · · · · · ·			
SUBTOTAL of Disbursements This Page (optional)		: ♦		
TOTAL This Period (last page this line number only).		······• !	<u></u>	<u> </u>

SCHEDULE C (FEC Form 3X)	!	
LOANS	Use separate schedule(s)	PAGE OF
	for each category of the Detailed Summary Page	FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full)		
12 Is Enough Super PAC12 Is Enough Super PAC		•
LOAN SOURCE Full Name (Last, First, Middle Infitial)	E	lection:
		Primary
Mailing Address		General Other (specify)
Mailing Address] -	_ Child (Speedily)
City State ZIP Co	de	
Original Amount of Loan Cumulative Payment To		Outstanding at Close of This Period
		2
Date Incurred Date Due	Interest Rate	Secured:
Man / Dag / Ashadad Man / Dag / As		% (apr) Yes No
		% (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	·	
Full Name (Last, First, Middle Initial)	Name of Employer	ı
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed	
City Clate 21 Code	Outstanding:	
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
wailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	Name of Employer	
o. For reality (2005, 1 to 5, 1 to 5)		i
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
	Outstanding:	The second Particular Second S
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		
SOUTOTALS THIS FERIOU THIS Fage (Optional)		
TOTALS This Period (last page in this line only)	>	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward	d to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page of Schedule C

rederal Election Commission, Washington, D.C. 20463	•	1
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
12 Is Enough Super PAC Is Enough S	C	
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)
Full Name		
		%
Mailing Address		MAN / DAD / VAGATARY
	Date Incurred or Establish	Boomstaneed Conceinson) Emmalarer Considerated
City State Zip Code	Date Due	A V O V O V O V O V O V O V O V O V O V
A. Has loan been restructured? No Yes	If yes, date originally incu	rred / DD / V-Y-BY-BY-BY-BY-BY-BY-BY-BY-BY-BY-BY-BY-B
B. If line of credit,	Total	
Amount of this Draw:	Outstanding Balance:	
C. Are other parties secondarily liable for the debt inc No Yes (Endorsers and guarantors	urred? must be reported on Schedule	C.)
D. Are any of the following pledged as collateral for the property, goods, nagotiable instruments, certificates stocks, accounts receivable, cash on deposit, or ot	of deposit, chattel papers,	What is the value of this collateral?
No Yes If yes, specify:		Does the lender have a perfected security
		interest in it? No Yes
E. Are any future contributions or future receipts of incollateral for the loan? No Yes If yes	erest income, pledged as s, specify:	What is the estimated value?
A depository account must be established pursuan	Location of account:	1
to 11 CFR 100.82(o)(2) and 100.142(e)(2).	Address:	I
Date account established:	Address.	; 1
MeM / DED / YAYEY	City, State, Zip:	
F. If neither of the types of collateral described above the loan amount, state the basis upon which this loan amount.	was pledged for this loan, or if to the man was made and the basis on	he amount pledged does not equal or exceed which it assures repayment.
G. COMMITTEE TREASURER		DATE
Typed Name Signature		The state of the s
H. Attach a signed copy of the loan agreement.		1
 TO BE SIGNED BY THE LENDING INSTITUTION To the best of this institution's knowledge, the are accurate as stated above. 		ormation regarding the extension of the loan
The loan was made on terms and conditions similar extensions of credit to other borrowers This institution is aware of the requirement the second conditions.	of comparable credit worthines	
complied with the requirements set forth at 1	I CFR 100.82 and 100.142 in m	aking this loan.
AUTHORIZED REPRESENTATIVE		DATE
Typed Name	T:11	Man / Dag / Landadad
Signature	Title	

SCHEDULE D (FEC Form 3X)	(Use separate PAGE OF
DEBTS AND OBLIGATIONS	schedule(s) FOR LINE NUMBER:
Excluding Loans	for each (check only one) 9 numbered line) 10
NAME OF COMMITTEE (In Full)	i
12 Is Enough Super PAC	i
A. Full Name (Last, First; Middle*Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	
Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Period
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	
Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	-
Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Period
1) SUBTOTALS This Period This Page (optional)	
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last pag	

Name of Federal Candidate

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES PAGE OF FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ 12 Is Enough Super PAC New report Amends report filed on 48-hour report Check if 24-hour report Full Name of Payee Date of Public Distribution/Dissemination Mailing Address Amount City State Zip Code Date of Disbursement or Obligation Purpose of Expenditure Category/ Туре Name of Federal Candidate Office Sought: Support House District: Oppose President Senate State: Disbursement For: **Primary** General Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Mailing Address **Amount** State Zip Code City Date of Disbursement or Obligation Purpose of Expenditure

Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Uniternized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury t nertify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committe party committee) any political party committee or its agent.	
Signature	Date
	FEC Schedule E (Form 3X) Rev. 09/20

Category/ Type

Support

Oppose

Office Sought:

President

House

Senate

District:

State: .

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

TOTAL This Period (last page this line number only)......

PAGE OF (2 U.S.C. §441a(d)) FOR LINE 25 OF FORM 3X (To be used only by Political Committees in the General Election) NAME OF COMMITTEE (In Full) 12 Is Enough Super PAC Has your committee been designated to make Full Name of Subordinate Committee coordinated expenditures by a political party committee? ☐ NO YES Mailing Address If YES, name the designating committee: City State ZIP Code Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Type Mailing Address Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Type Date State Zip Code Name of Federal Candidate Supported House Office Sought: State: ; Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Type Date State Zip Code Name of Federal Candidate Supported Office Sought: House State: **Amount** Senate District: Presidential Aggregate General Election Expenditure for this Candidate SUBTOTAL of Expenditures This Page (optional).....

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (in Full)	· · · · · · · · · · · · · · · · · · ·
12 Is Enough Super PAC	
USE ONLY ONE SECTION, A	or B
A. State and Local Party Committees	
Fixed Percentage (select one)	· ·
Presidential-Only Election Year (28% Federal)	
Presidential and Senate Election Year (36% Federal)	
Senate-Only Election Year (21% Federal)	
Non-Presidential and Non-Senate Election Year (15% Fed	eral)
	*
B. Separate Segregated Funds and Nonconnected	d Committees
Flat Minimum Federal Percentage	;
If the committee will allocate using the flat minimum percentage o	50% federal funds, check
If the committee is spending more than 50% federal funds, indicat	e ratio below
Federal	%
Nonfederal	%
This ratio applies to (check all that apply):	
Administrative Generic Voter Drive Public Comm	nunications Referencing Party Only

SCHEDULE H2 (FEC Form 3X)	1	
ALLOCATION RATIOS		PAGE OF
NAME OF COMMITTEE (In Full)	i	
12 Is Enough Super PAC	; i	
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATACTIVITIES APPEARING ON THIS REPORT.	TE SUPPORT	
Methods of allocation:	i	
 FUNDRAISING activities are allocated using the "funds received meth expenses must equal the federal proportion of monies raised. 	nod" where the federal pr	oportion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated acco where the federal proportion of disbursements is based on the benefitivity. For PACs Gnly: Direct candidate support includes public commended and nonfederal candidates, regardless of whether there is a reallocated using a time/space method.	t derived by federal cand unications or voter drives	lidates from the ac- s that refer to both
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%
		:
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER	:	
	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	ŅONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support	%	%

Same as Previously Reported

Fundraising CHECK IF THE RATIO IS:

Revised

SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE		С	F		
IFOR I	INE	182	ΛF	FORM	37

ALLOCATED FEDERAL / NONFEDERAL AC	TIVITY	FOR LINE 18a OF FORM 3X
NAME OF COMMITTEE (In Full)		
12 Is Enough Super PAC		!
NAME OF ACCOUNT DATE	OF RECEIPT	TOTAL AMOUNT TRANSFERRED
BREAKDOWN OF TRANSFER RECEIVED		
i) Total Administrative		in the state of th
ii) Generic Voter Drive		
iii) Exempt Activities		
iv) Direct Fundraising (List Activity or Event Identifier)		:
a)	na ang pananagana ay pananagana ay pananagana ay an ang pananagana ay an ang pananagana ay an ang pananagana a manakana a 4 kina ang pananagana ay ang pananaganagana ay ang pananagana ay ang pananagana ay ang pananaganaga	- !
b)	anne an air	
c) Total Amount Transferred For Direct Fundraising		
v) Direct Candidate Support (List Activity or Event Ide	entifier)	1
- Francisco		:
a)	and the state of t	'
b)		
c) Total Amount Transferred For Direct Candidate Su	pport	
vi) Public Communications Referring Only to Party (Made by PAC)	
TOTALS FOR BRE	EAKDOWN OF TRANSFER RECE	IVED
TOTAL This Period (Administrative)		- Daniel Constitution of the Constitution of t
TOTAL This Period (Generic Voter Drive)		
TOTAL This Period (Exempt Activities)	prince companies of	
TOTAL This Period (Direct Fundraising)		
TOTAL This Period (Direct Candidate Support)		
TOTAL This Period (Public Communications Referring Only t	o Party)	
TOTAL This Period (Total Amount Transferred)		

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	OF	
FOR LINE	21a OF	FORM 3X

NA	AME OF COMMITTEE (In Full) 12 Is Enough Super P	^			
		AC			Allocated Astirity of Front
A.	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:		
	Mailing Address			<u> </u>	Administrative Fundraising Exempt
			···		Voter Drive Direct Candidate Support
	City State Zip Code		Public Comm (ref to party only) by PAC		
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:		 		
				Category/ Type	Date / Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
<u>—</u> В.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:
			·		Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code	A	Public Comm (ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
	·				
	Activity or Event Identifier:			Catacasii	
				Category/ Type	Date
	FEDERAL SHARE	+	NONFEDERAL	_ SHARE	TOTAL AMOUNT
C.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt
	waining Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:		<u> </u>	T	Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:			Category/	Mam / Dag / Andadad
				Туре	Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
			AND THE PERSON NAMED OF THE PE		
			_/Nambaa/ka/Na		
SI	JBTOTAL of Allocated Federal and NonFederal	Activity Thi	s Page		
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
				* * * *	
TC	OTAL This Period (last page for each line only)(Federal sha	are to 21(a)(i) and	d NonFederal sh	pare to 21(a)(ii))
	FEDERAL SHARE		NONFEDERAL	SHARE	TOTAL AMOUNT
				20 W M M	
		Promotheness l			the construction of the contract the contract of the contract

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR **ALLOCATED FEDERAL ELECTION ACTIVITY**

To be used by State, District and Local Party Committees Only)	PAGE OF FORM 3X
NAME OF COMMITTEE (In Full)	1
12 Is Enough Super PAC	
NAME OF ACCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
BREAKDOWN OF THIS TRANSFER	!
i) Voter Registration Total Amount Transferred for Voter Registration	EGISTRATION
ii) Voter ID Total Amount Transferred for Voter ID	VOTER ID
Total Amount Transferred for GOTV	GOTV GENERIC CAMPAIGN ACTIVITY
iv) Generic Campaign Activity Total Amount Transferred fer Generic Campaign Activity	
NAME OF ACCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
BREAKDOWN OF THIS TRANSFER	!
i) Voter Registration Total Amount Transferred for Voter Registration	EGISTRATION
ii) Voter ID Total Amount Transferred for Voter ID	VOTER ID
iii) GOTV Total Amount Transferred for GOTV	GOTV
iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY
TOTALS FOR BREAKDOWN OF TRANSFER RECEIVE	ED (Last Page Only)
TOTAL This Period (Voter Rogistration)	
TOTAL This Period (Voter ID)	
TOTAL This Period (GOTV)	
TOTAL This Period (Generic Campaign Activity)	
TOTAL This Period (Total Amount of Transfers Received)	Canada and

SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE OF FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full)			
NAME OF COMMITTEE (In Full)			
12 Is Enough Super PAC			
A. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign		
Mailing Address	Allocated Activity or Event Year-To-Date		
City State Zip Code			
Purpose of Disbursement Category/ Type	Date Date		
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT		
B. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:		
	Voter Registration GOTV Voter ID Generic Campaign		
Mailing Address	Allocated Activity or Event Year-To-Date		
City State Zip Code			
Purpose of Disbursement Category/ Type	Date Date		
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT		
	The state of the s		
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event: Voter Registration Voter ID Generic Campaign		
Mailing Address City State Zip Code	Allocated Activity or Event Year-To-Date		
City State Zip Code	Describe and beautiful and the section of the secti		
Purpose of Disbursement Category/ Type	Date Date		
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT		
SUBTOTAL of Shared Federal and Levin Activity This Page			
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT		
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to	30(a)(ii))		
FEDERAL SHARE	TOTAL AMOUNT		
LEVIN SHARE			
TOTAL This Period for the Levin Share			
E6AN026	FEC Schedule H6 (Form 3X) Rev. 02/2003		

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAM	E OF COMMITTEE (In Full) 12 Is Enough Super PAC		
NAM	E OF ACCOUNT		
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1.	RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A)		
	(b) Unitemized		
	(c) Total		
2.	OTHER RECEIPTS		
3.	TOTAL RECEIPTS(Add Lines 1c and 2)	terre allower allower films and a second films and	named and the second the second and
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)	: 	
	(a) Voter Registration		
	(b) Voter ID		
	(c) GOTV		
	(d) Generic Campaign		
	(e) Total		
5.	OTHER DISBURSEMENTS		
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)		Deale State (Deale (Deale State (Deale State (Deale State (Deale State (Deale State
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)		and the section of th
8.	RECEIPTS(from Line 3)		
9.	SUBTOTAL(Add Lines 7 and 8)		the second secon
10.	DISBURSEMENTS(From Line 6)		
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)		

SCHEDULE L-A (FEC Form 3X) ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s) for each category of the Aggregation Page

PAGE OF

FOR LINE NUMBER: (check only one) 1a 2

Aggregation Page			(check only one) 1a 2
An or	ny information copied from such Reports and Statements may not b for commercial purposes, other than using the name and address	be sold or used by any person of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full) 12 Is Enough Super PAC		
<u>_</u>	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
A.	Mailing Address		M
			Amount of Each Receipt this Period
	City State Name of Employer or Principal Place of Business	Zip Code	
			Aggregate Year-to-Date
	Occupation		and the second second discount and the second secon
В.	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
	Mailing Address		The state of the s
	City State	Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business		
	. ,		Aggregate Year-to-Date
	Occupation		
C.	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
	Mailing Address		
	City State	Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business		
	Occupation		Aggregate Year-to-Date
	·		
D.	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
	Mailing Address		
	City State	Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business		
	Occupation		Aggregate Year-to-Date
s	SUBTOTAL of Receipts This Page (optional)		anandra makanan Dimembaranka makanad Dimembarankan Circumbaran
T	OTAL This Period (last page this line number only)		

SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

Use separate schedule(s) for each category of the Aggregation Page

FOR LINE NUMBER	ER:	PAG	E	OF
(check only one)			П.	
	⊢- '	4a	4c	5
Į l		4b	4d	

OF LEVIN FUNDS		Aggregation Page	4b 4d
			son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			:
/ 12 Is Enough Supe	r PAC		· -
Full Name (Last, First, Middle Initial) /	-ull Organization Nam	е	Date of Disbursement
Α.			
Mailing Address			/ / / / / /
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			
Full Name (Last, First, Middle Initial) /	Full Organization Nam	е	D. A. C. C.
5.			Date of Disbursement
Mailing Address	,		Nam / Dad / Asadad
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			
Full Name (Last, First, Middle Initial) /	Full Organization Nam	е	Detect Dietarran
C.			Date of Disbursement
Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			
Full Name (Last, First, Middle Initial) /	Full Organization Nam	е	
D.			Date of Disbursement
Mailing Address			Man / Dan / Vayavay
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			
Full Name (Last, First, Middle Initial) /	Full Organization Nam	e	
E.			Date of Disbursement
Mailing Address			Mam / Dad / Vayavay
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			
SUBTOTAL of Disbursements This Page	(optional)		
TOTAL This Period (last page this line no	ımber only)	>	man hannalism (Damedian district Albertalism (Albertalism)

PRESS FIRMLY TO SEAL

UNITED STATES POSTAL SERVICE •

USPS TRACKING #

C103 Bug 2013 7690-17-000-71-0689

T T E K

DATE OF DELIVERY SPECIFIED*

USPS TRACKING™ INCLUDED*

FNSURANCE INCLUDED *

PICKUP AVAILABLE

Domestic only

FEC MAIL CENTE

20463 1006

U.S. POSTAGE PAID LOS ANGELES.CF MAY 21: 14 AMOUNT

FROM:

12 is Enough Super Pac 7/19 W Surset Blak

CA 90046

Ö

Stut DE

DC 20463 NGShist Fra

WHEN USED INTERNATIONALLY, A CUSTOMS DECLARATION LABEL MAY BE REQUIRED.

PS00001000014

VISIT US AT USPS.COM® ORDER FREE SUPPLIES ONLINE

UNITED STATES
POSTAL SERVICE.

EP14F July 2013 OD: 12.5 x 9.5



PREPARER (8/2013)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how if was received. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) USPS Registered/Certified Postmarked **USPS** Priority Mail 5/4/14 Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):

DATE PREPARED